

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

DOCUMENT # N03000004400		
1. Entity Name LIGHTHOUSE MINISTRIES OF WEWAHITCHKA, INC.		

FEB -9 PH 2: 34

Principal Place of Business 5851 HWY 71 WEWAHITCHKA, FL 32465	Mailing Address 5851 HWY 71 WEWAHITCHKA, FL 32465
---	---

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04-05

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 614 Suite, Apt. #, etc.
---	---

11042004 REIN-NP CR2E099 (6/04)



City & State Wewahitchka, FL	4. FEI Number 11042004	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32465	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEEKS, FAYE
5851 HWY 71
WEWAHITCHKA, FL 32465

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: April D McMore DATE: 12-20-04

(Signature of Faye M. Weeks)

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, IREY E PO BOX 853 WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, FAYE PO BOX 853 WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEMORE, APRIL D 356 E REID AVE WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300043587403 02/15/05--01035--024 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300043587403 12/22/04--01061--008 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: April D McMore DATE: 12-20-04 DAYTIME PHONE #: 850 639 3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #